

## CITY OF HOLLISTER REQUEST FOR PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT

(Personnel System Rules & Regulations §2.06)

NAME:	DATE:	_
CITY JOB TITLE:		
NAME OF OUTSIDE EMPLOYER:		
ADDRESS OF OUTSIDE EMPLOYER:		
PHONE NO. OF OUTSIDE EMPLOYER:		
NUMBER OF HOURS PER WEEK/MONTH (circle one)	e):	_
DURATION OF EMPLOYMENT:		
TYPE OF EMPLOYMENT AND DUTIES TO BE		
PERFORMED:		<del></del>
SALARY:		
\$		
Employer Verification		
I understand that outside employment must not conflict with his/her City job. I	is a full-time permanent employee of the City of also understand all of the conditions listed relating to this outside	
statements as to duties and hours made in this form are true a		

	Signed		
	Títle		
	Сотрану		
. ,	rermission to work for the aforementioned employer during my off-duty time or vacation. In requesting this permission, I understand and agree to ons of the approval as listed below:		
1.	That I will immediately respond when off-duty and on-call and at all other times when recalled to duty by the City.		
2.	That outside employment shall not interfere with the functions of my regular job nor impair my physical or mental capacities to perform my regular job.		
3.	That permission is automatically revoked 12 months from the date shown below, or on April 15, annually, whichever occurs first, or upon my termination of employment with the aforementioned employer.		
4.	That permission may be revoked at any time by the City Manager and the head of my department.		
5.	That the City of Hollister shall not be subject to claim or be held liable for any damages or injuries incurred by such outside employment.		
Requested by:(Employee's Signature)			
For Office Use	e Ouly		
Recommen	ded (Department Head)		
	( <b>-</b> <i>y</i>		
Endorsed _			
	(Director of Management Services)		
Approved_			
(City Manager)			